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ABSTRACT

Alcohol, perhaps more than any other factor, symbolizes the degree of cultural disintegration experienced by American Indians today. It has been recognized as a symptom of the numerous cultural adjustments forced upon American Indians since white contact. Indeed, alcohol among Indian groups was prohibited for a far longer period than the nationwide "Prohibition" experience. The General Indian Intercourse Act prohibited alcohol sale and use among American Indian groups from 1834 to 1953. Alcohol abuse is associated with the leading causes of death among American Indians: accidents, suicides, and homicides. It also aggravates diabetes, hypertension, and cirrhosis. Alcohol is recognized as a symptom of the numerous cultural adjustments forced upon American Indians since white contact. The "culture of poverty"/"cultural-image marginality"/"alcohol escapism" symbiosis accounts for the high Fetal Alcohol Syndrome (FAS)/ Post Traumatic Stress Disorder (PTSD) rate among American Indians and the perpetuation of this phenomenon. An investigation has shown that the more confused the cultural identity of the Indian group the greater the probability of FAS/PTSD. Indeed, Indian Health Service data indicates that the Plains Indians have the highest FAS rate of any ethnic group in the world. (The example of the Santee Sioux is recounted as it relates to the PTSD/addictive birth/PTSD cycle of abuse.) (ABL)

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CULTURAL DISINTEGRATION PERPETUATED THROUGH SUBSTANCE ABUSE AMONG AMERICAN INDIANS

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CULTURAL DISINTEGRATION PERPETUATED THROUGH SUBSTANCE ABUSE AMONG AMERICAN INDIANS

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Alcohol, perhaps more than any other factor, symbolizes the degree of cultural disintegration experienced by American Indians today. It has been recognized as a symptom of the numerous cultural adjustments forced upon American Indians since white contact. Indeed, alcohol among Indian groups was prohibited from a far longer period than the nation-wide "Prohibition" experience. The General Indian Intercourse Act prohibited alcohol sale and use among American Indian groups from 1834 to 1953 (Trade and Intercourse Act, 1834). Even then U. S. pressure is exerted upon Indian tribes to outlaw alcohol on federally-recognized reservations (French, 1990).

Obviously, the legislation of prohibition alone has had little effect on the problem of Indian alcohol abuse. If anything dry reservations merely displace the distribution from legitimate to illegitimate sources (bootlegging activities). The legitimate sources, on the other hand, are right off of the reservation and usually run by non-Indians. These "Indian drunk towns" are a shameful reminder of the nature (economic exploitation) of the white community's interest in the so-called "Indian

problem." White Clay and Gordon, Nebraska off of the Pine Ridge Sioux Reservation and Gallup, New Mexico off of the Navajo and Zuni Reservations are notorious examples of "Indian drunk towns."

Alcohol abuse is associated with the leading causes of death among American Indians: accidents, suicides, and homicides. It also aggravates diabetes, hypertension and cirrhosis -- common health problems among American Indians. There is little doubt that these problems serve to diminish the quality of life among this population. Moreover, there exists a clear relationship between alcohol abuse and poverty among American Indians. While it is obvious that cultural conflict plays a significant role here -- our focus is on the clinical cycle-of-abuse surrounding substance abuse among American Indians. The cultural dimension comes into play in explaining the etiological factors surrounding the cycle-of-abuse as well as in treatment considerations (French, 1989).

The FAS/PTSD Relationship

The American Association on Mental Deficiency's (AAMD), **Classification in Mental Retardation** (#760.71) defines the Fetal Alcohol Syndrome (FAS) as: "Cases associated with excessive use of alcohol during pregnancy; facies and location of ears are among signs observed in infants; mental retardation and other disabilities are associated with this

syndrome (Grossman, 1983: 137)." FAS is listed under the medical etiological classification -- infections and intoxications. The AAMD also defines FAS as: "defects associated with excessive drinking of alcohol during the mother's pregnancy and manifested in the child in mental retardation, facial anomalies, heart defects, behavioral problems, or other deficiencies (Grossman, 1983: 173)."

Accordingly, the American Psychiatric Association's **Diagnostic and Statistical Manual, Third Edition - Revised (DSM-III-R)** definition of the Post-traumatic Stress Disorder, Chronic or Delayed (#309.81) includes the existence of a recognizable stressor that would evoke significant symptoms of distress in almost everyone. Another feature linking fetal alcoholism as a traumatic birth experience is a numbing of responsiveness to or reduced involvement with the external world. Associated features include: (1) a markedly diminished interest in one or more significant activities, (2) feelings of detachment or estrangement from others, (3) constricted affect, (4) hyperalertness overexaggerated startle response, (5) sleep disturbance, (6) memory impairment or trouble concentrating, and (7) an intensification of symptoms by exposure to events that symbolize or resemble the traumatic event (alcohol abuse by those traumatized by a FAS birth) (Spitzer, 1987:

146-48).

Some of the best and earliest research on the effects of FAS births and preventive counseling is being conducted at the Boston University School of Medicine with Lyn Weiner and associates. In their most recent research results they noted: "Alcohol's effects on fetal development are dose related and are not equal for all women. ...An increased understanding of the mechanisms of alcohol's actions helps to explain why the risk of having a child with alcohol-related birth defects is not equal for all women. The effects of alcohol are mediated by dose, gestational stage at time of exposure, fetal susceptibility, maternal nutrition, and chronicity of alcohol abuse. The risk of having a child with FAS may increase with the addition of each mediating factor (Weiner et al, 1989: 387)." Environments with these factors present have a 85% FAS probability while the probability is less than 2% in the absence of any of these factors. This means a well nourished, mentally and physically healthy woman who drinks moderately has only a 2% or less chance of having a FAS birth. What accounts for the dramatic jump from 2% to 85%? We now feel that PTSD plays a significant role in this cycle-of-abuse.

We contend that the "culture of poverty"/"cultural-image marginality"/"alcohol escapism" symbiosis accounts for the high

FAS/PTSD rate among American Indians and the perpetuation of this phenomenon. Our investigation thus far has shown than the more confused the cultural identity of the Indian group - the greater the probability of FAS/PTSD. Indeed, Indian Health Service data indicates that the Plains Indians have the highest FAS rate of any ethnic group in the world (1 in every 102 births). We conclude that this process can be arrested and reversed with social/cultural clinical prevention and intervention strategies.

The Sioux Situation

Alcohol symbolizes the degree of cultural disintegration experienced by American Indians today. It is recognized as a symptom of the numerous cultural adjustments forced upon American Indians since white contact. We contend that the "culture of poverty"/"cultural-image marginality"/"alcohol escapism" symbiosis accounts for the high FAS/PTSD rate among American Indians and the perpetuation of this phenomenon. Our investigation thus far has shown than the more confused the cultural identity of the Indian group -- the greater the probability of FAS/PTSD. Indeed, Indian Health Service data indicates that the Plains Indians have the highest FAS rate of any ethnic group in the world (1 in every 102 births).

Of the Plains Indians, the Aberdeen Area has some of highest FAS and substance abuse problems, not only among American Indians, but in the entire nation.The Aberdeen Area comprised of sixteen tribes in a four state areas; North Dakota, South Dakota, Nebraska, and Iowa. The most recent data indicates the following mental health concerns within the Aberdeen Area.

1. Conventional mental health models do not fit the needs of the Aberdeen Area.

2. Indian people have not been involved in the planning, designing, and implementation of cultural specific mental health models in the Aberdeen Area Indian Health Service system.

3. Treatment facilities for the myriad of mental health care needs have not been a priority for the Indian Health Service and are not included in the Facilities Construction Priority System.

4. 100% of the children, adolescents, and young adults (birth to 21 years of age) are at high risk for mental health problems. Two or three generations of societal dysfunction has created socially unacceptable behavior as the norm, in tribal communities in the Aberdeen Area.

5. Mental health training and resources are not available to local professionals, paraprofessionals, and commnity volunteer people at the

local tribal community level.

6. Consultation must become a working partnership between Tribes and IHS.

7. Funding and resources to create our own programs which meet the unique needs and find solutions to identified tribal problems which incorporate the Indian wholistic approach.

8. Fund construction/renovation for mental health treatment centers for tribal identified programs in the Aberdeen Area.

9. Funding for Health Promotion/Disease Prevention community activities for family education needs to be established in the funding cycle of IHS for the Aberdeen Area.

10. Develop the training and education needed within tribal communities by utilizaing the existing tribal/IHS resources within the Aberdeen Area (i.e. - Community Colleges, Tribal personnel, and central office personnel) (Murphy & Sloan, 1990: 5-6).

A more recent article in JAMA, "American Indian-Alaska Native Youth Health," concludes: "American Indian-Alaska Native adolescents reported high rates of health-compromising behaviors and risk factors related to unintentional injury, substance use, poor self-assessed health status, emotional distress, and suicide (Blum, 1992:1637)." These are

clear indicators of Post-traumatic Stress Disorder from both the DSM-III -R and Eriksonian cultural perspectives. The JAMA article went on to state that: "Interventions must be culturally sensitive, acknowledge the heterogeneity of Indian populations, be grounded in cultural traditions that promote health, and be developed with full participation of the involved communities (Blum, 1992: 1637)."

The federal Department of Health & Human Services (March 22, 1991), **Indian Health Manual** alludes to a similar treatment philosophy: "In accordance with the IHS goal of elevating the health status of the American Indian and Alaska Native to the highest level possible, the Alcoholism and Substance Abuse Program Branch (ASAPB) will attempt to lower the incidence and prevalence of alcohol abuse and alcoholism among American Indians and Alaska Natives to a level at or below that of the general population in the U. S. within a 15-year period." "...These programs may be administered by contracts or grants with Indian tribal governments or urban Indian authorities, or administered through an IHS Area Office or Service Unit." (Rhodes, 1991: 38-41)

The Santee Sioux Example

The Santee Sioux have a unique history of the Siouxan tribes -- one that allows us to see the PTSD/addictive birth/PTSD cycle of abuse from a

cultural perspective. In 1837, the Santee Sioux were forced to give up their land east of the Mississippi River, ceding some 35 million acres of rich agricultural land to encroaching white settlers. The U. S. agreed to pay them eight cents per acre for the land but reneged on the deal and kept the money in a trust status used to pay white traders and other so-called administrative costs.

Denied their traditional woodland existence and with inadequate supplies from the U. S. government starvation, disease and anomie were prevalent among the Santee Sioux. In 1851 the Santee Sioux were again forced to cede most of their land holdings to white settlers. This time it involved their Missesota land. The policy was similar. The U. S. failed to live up to its end of the bargain again forcing the Santee to the verge of starvation. This time the Santee retaliated.

From August 17, until September 27, l862 the Santee, under Chief Little Crow, attached white settlers. The starvation was due to corrupt white traders and an effort by the white settlers to precipitated the conflict in an attempt to rid the area of Indians. The crisis culminated in the single largest execution in U. S. history -- 38 Santee Sioux warriors hanged on a single gallow, tied and hooded, chanting their traditional death song, on December 26, l862 in Mankato, Minnesota.

All remaining Santee Sioux, including those who were not involved in the conflict, were again forcefully removed -- this time across the Missouri River to what is now northeastern Nebraska. Conditions were so bad during removal that nearly a third of the group died the first winter. Little Crow, who escaped capture by hiding in Canada, later returned to his Minnesota homeland with his sixteen year old son. While picking wild berries, Little Crow was killed for the twenty-five dollar Indian scalp bounty. When government official realized that the two white hunters has killed Little Crow they were rewarded with an additional five-hundred dollars. Little Crow's scalp and skull were preserved and displayed in St. Paul.

With the Sioux, the Santee were the first to feel the affects of cultural genocide as a direct result of their uprising in Minnesota: "The settlement of the Santee Sioux on the Niobrara River in Nebraska in 1866, coupled with the release oftheir men who had been imprisoned after the uprising in Minnesota, stilled much of the anxiety members of the tribe had felt since the summer of 1862. Confinement and then removal from Minnesota had caused them much distress. ...The ultimate goal of the Santee Normal Training School was to bring about the regeneration of the Indian people. This missionaries had decided while the Indian men were

still in prison that the major portion of the work of regeneration was to be the task of the Indian himself. Thus, the school acknowledged its purpose to be the training of teachers, preachers, interpreters, and business men for the Sioux nation. The school made no pretense at preparing its students for higher education; instead it sought to raise up men and women who were ready to meet the exigencies of Indian life in a white civilization. These men and women would in turn go back to their people to become responsible leaders in educating and Christianizing them so that they would become useful in their own community. ...The foundation of education at the school was two-fold: religious training and industrial training. Underlying everything was the religious influence. ...The school received much outside criticism for the emphasis it placed on teaching the Indians to read and write in the vernacular. Despite these attacks the administration was adamant in its position that it teach the Dakota language. It even refused to comply with a directive from the Indian Office in 1887 making the teaching of Dakota illegal (Meyer, 1980).

This attempt at "language-specific accommodation," according to the Christian/Anglo socialization model, worked well according to its original plan but **not** in terms of the Plains Sioux traditional cultural ways. This socialization model, along with its paradoxical combination of

Dakota-language Christian hymnals and serious social problems, continued to be the norm up until 1990 when the younger generation (in their 20's, 30's and 40's) challlenged the Anglos-dominated religious leaders who continued to perpetuate the "original" cultural-genocide plan. The "plan" of partial assimilation (traditional language without the accompanying traditional culture) merely served to increase the isolation and guilt, in addition to social, physical and mental problems.

Now the Santee Tribal Government sanctions the **Traditional Ways of the Sioux -- the Sweat, the Sacred Pipe, the Vision Quest, and the Sun Dance.** Tribal Government even allows religious leave for those who want to participate in the Sun Dance. A significant cleansing ritual, linking the past with the present, is the **38-stone Sweat** dedicated to the 38 Santee Sioux warriors hanged enmasse -- the day after Christmas in 1862. Most of the current participants have **counted coup** the difficult way; serving jail or prison time. They hope to provide a more acceptable traditional route for their sons and daughters. Thus, **Mitakuye Oyasin** ("to all my relatives") has come to replace the Lord's Prayer as the word of spirituality among the **neo-Traditionalists.** And while the Sun Dance is exclusively a warrior (male) ritual, the Sweat, Sacred Pipe and Vision Quest can have female participants (usually

homogeneous according to gender). The exception is the **healing** ritual that occurs in the sweat between a client (male or female) and a Sun Dancer.

The following actual ritual illustrates this phenomenon. On evening of March 24, l992 the weekly Sweat was held at the Tribal Sweat Grounds located on the banks of the Missouri River. Snow banks had not yet melted yet a dozen or so Sioux men and women and children gathered at the big fire pit just yards from the entrance to the Tribal Sweat Lodge (opening facing the Red or Power Path -- East/West). Eight males entered the lodge for the special 38-stone Sweat. Two-and-a-half hours and five-gallons of water converted to steam later, the Sweat concluded with 6 of the original 8 men completing this special offering to the dead warriors. The Sun Dancer who led this Sweat then held a separate Healing Sweat with a Santee Sioux women who was fighting her drinking problem. This was a shorter Sweat ritual but included the same element of prayer to the **Grandmothers, Grandfathers, and human spirits (all our relatives).** The others were silent in respect to this woman's healing. When she and the Sun Dancer emerged from the Sweat everyone particpated in the concluding Sacred Pipe ritual. The function of the Sacred Pipe ritual is not only to provide closure to the Sweat ritual -- but

to carry the prayers from the participants, via **Mother Earth** (the bowl of the pipe), to **Father Sky (Wakan Tanka).** This is the basics of the Santee Sioux's effort to reverse the negative FAS/PTSD cycle of abuse among American Indians. While only time will tell of its effectiveness -- it certainly seems to be an exemplary model for both the Sioux and other American Indians (PanIndianism).

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